AUG 1 0 2005 G

AMEN	NDMENT 1	ransmi'	TTAL LE	TTER	Docket No. 2185-0698P
Applicatio 10/664,355-Co		Filing I September	1	Examiner R. E. Ashton	Art Unit 1752
plicant(s): Mas	umi SUETSUC	SU et al.			
vention: A NEG	ATIVE TYPE R	RESIST COMP	OSITION		
Amendment mmissioner for I D. Box 1450 exandria, VA 223 ransmitted here	313-1450	ndment in the	above-identif	ied application.	
he fee has beer	n calculated an	d is transmitte	d as shown b	elow.	
			S AS AMEN	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	9	- 20 =		х	
Independent Claims	1	- 3 =		x	
Multiple Depend	lent Claims (ch	eck if applicabl	e)		
Other fee (pleas		xtension for res		econd month	450.00 180.00
TOTAL ADDIT					630.00
 Please char	al fee is require ge Deposit Acc copy of this she	ount No	i	Small Entity	
X A check in the	ne amount of \$	630.00	to cover	the filing fee is enclo	sed.
Payment by	credit card. Fo	orm PTO-2038	is attached.		
as described	is hereby auth below. A dup ny overpaymer	licate copy of		Deposit Account No. enclosed.	02-2448
x Change a	any additional fil	ing or application	on processing	fees required under 37	CFR 1.16 and 1.17.
Andréw D. Meli Attorney Reg. N				Dated: A	August 10, 2005
BIRCH, STEW, 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8023	se Rd /irginia 22040-		LP		

PTO/SB/17 (12-04v2)
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Under the Paperwork Reduction Act of 1	995, no person are required to	respond to a collection of inforr	nation unless it displays a valid OMB control numbe		
FEE TRANSMITTAL For FY 2005		Complete if Known			
		Application Number	10/664,355-Conf. #8070		
		Filing Date	September 17, 2003		
		First Named Inventor	Masumi SUETSUGU		
		Examiner Name	R. E. Ashton		
		Art Unit	1752		
TOTAL AMOUNT OF PAYMENT	(\$) 630.00	Attomey Docket No.	2185-0698P		

TOTAL AMOUNT OF PAYM	MENT (\$	630.00		Attomey Docket No. 2		2185-0698P		
METHOD OF PAYMENT (check all that apply)								
X Checks Credit Ca		ney Order	Nor		please ide		9 Diash I	
Deposit Account Depos					•	tewart, Kolasch		LLP
For the above-identif	indicated belov	v		Charge	e fee(s) i	ndicated below, e		he fillng fee
Charge any ad fee(s) under 3	7 CFR 1.16 ar	or underpayn d 1.17	nent of	x Credit	any over	payments		
FEE CALCULATION			*******					
1. BASIC FILING, SEARCH	AND EXAMI	NATION FEE	S					
Application Tons		mall Entity		ARCH FEES Small Entity		INATION FEES Small Entity		D-14 (0)
Application Type Utility	Fee (\$) 300	Fee (\$) 150	Fee (\$	Fee (\$) 250	Fee (\$	<u>Fee (\$)</u> 100	rees	Paid (\$)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	-	
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	000	0	-	
2. EXCESS CLAIM FEES	200	100	U	V	U	V		Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including	ng Reissues)						50	25
Each independent claim ove		Reissues)					200	100
Multiple dependent claims							360	180
Total Claims Extra C	Claims Fe	e (\$)	Fee F	ald (\$)		Multiple Depend	ent Claims	
9 - 20 =	x				!	Fee (\$)	Fee Paid (<u>\$)</u>
Indep. Claims		= (\$) =	Fee F	Pald (\$)	_			
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR 1 sheets or fraction thereo	wings exceed .52(e)), the ap	plication size	e fee du	e is \$250 (\$125 f				0
<u>Total Sheets</u> <u>Ex</u>	tra Sheets	<u>Number o</u>	f each a	dditional 50 or frac	ction ther	eof Fee (\$)	Fee	Pald (\$)
100 =		50		(round up to a who	ole numbe	r) x		
4. OTHER FEE(S)					Fees	Paid (\$)		
Non-English Specification	on, \$130 fee	no small enti	ity disc	ount)	aaand =	a a m t b	.	E0.00
Other (e.g., late filing su	rcharge): 125	∠ Extension 6 Submission	itorres	sponse within son Information D	econa n isclosur	เอกเก e Statement		50.00 80.00
							'	

SUBMITTED BY	11 111				
Signature	/ formall	Registration No. (Attorney/Agent)	32,868	Telephone	(703) 205-8023
Name (Print/Type)	Andrew D. Meikle			Date	August 10, 2005

ADM/lc